Systems Transformation Grant: Current status in Virginia

Goal 1: Improved Access to Long-Term Support Services: Expansion of a One-Stop System

- ✓ Hired a NWD Coordinator manager at VDA to lead the geographic and demographic expansion of the NWD system. STG enhanced NWD by expanding the population served to seniors and individual adults with disabilities, as well as expand the number of implementation sites around Virginia.
- ✓ The General Assembly designated in the Code of Virginia that NWD will be lead by Virginia's Area Agencies on Aging.
- ✓ VDA partnered with DSS, DMAS, VDH, DBHDS, DRS, VDDHH, DBVI, the Virginia Board for People with Disabilities, CILs, SeniorNavigator, private providers, public providers, non-profit agencies.
- ✓ With the leadership of SeniorNavigator, there are six private partners currently participating in NWD. Virginia is the only state in the USA to promote a NWD that is a public/private partnership.
- ✓ Partnered with Virginia 2-1-1 to leverage existing toll-free line and regional call centers to connect individuals without Internet access to NWD locations or to the information contained on the Easy Access portal.
- ✓ Trained and utilized SeniorNavigator Centers and other community professionals, located throughout Virginia, on the purpose and services of the one-stop system.
- ✓ Partnered with individuals, family members, public agencies and other stakeholders to develop the web-based No Wrong Door portal *Easy Access*.
- ✓ VirginiaNavigator provides the database of resources for seniors and adults with disabilities. Database was enhanced to include information for individuals with disabilities. Over 23,200 listings of resource information for seniors and adults with disabilities is contained in the database.
- ✓ Incorporated a pre-eligibility tool into the portal to allow individuals to enter basic information to determine whether he/she may be eligible for services.
- ✓ Incorporated the electronic Aged, Blind and Disabled (ABD) Medicaid application in the portal to allow individuals to apply for Medicaid services.

- ✓ An off-line UAI is now on the NWD tools. This allows workers to take a laptop to an individual's home, complete and save the UAI assessment, and then upload the UAI and send to DSS once the worker returns to the office. The electronic version of the UAI is password protected and encrypted.
- ✓ *Easy Access* promoted by public agencies and TLT. Portal link added to all Health and Human Resources websites; Panel Cards distributed statewide; Public Service Announcements broadcast statewide; and, presentations have been made to numerous conferences and organizations.
- ✓ *Easy Access Portal* has hosted nearly 100,000 user sessions during the course of the past nine months.
- ✓ Number of implementation sites in Virginia has grown from 3 to the current 12 sites. An additional 4 more sites will be coming onboard over the coming months.
- ✓ Created a Change Control Board with representative members from all agencies using the NWD Tools who decide priority of changes to the No Wrong Door tools.
- ❖ Over the next year, efforts will continue to promote NWD statewide, educate preadmission screening teams that screen individuals with disabilities for Medicaid-funded services, and continue to seek additional grant funding opportunities.

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Goal 2: Increased Choice and Control: Enhancement of Self-Directed Service Delivery System

- ✓ Developed community capacity for person centered thinking and planning.
- ✓ Refined existing and developed new tools and skills to guide the practice of person centered practices (PCP). These tools are presented in person centered thinking (PCT) training sessions.
- ✓ Training sessions have been held with direct support providers, support coordinators, managers supervisors, and administrators. Over 1,800 individuals have been trained in PCT. Other directly related training events have been conducted on the assessment tool − Supports Intensity Scale (SIS) and the Individual Support Plan. Individual Support Plan and SIS training were primarily targeted to ID providers. Person Centered Thinking training was open to a wider audience, the majority of which were ID and DD providers.
- ✓ Developed materials on self-direction for individuals, employees and supporters. There are now 11 self-direction documents available:
 - o Locating and Working with a Services Facilitator
 - What is a Personal Care Assistant and Who Can Be One?
 - o Hiring a Personal Care Assistant
 - o Supervising Your Personal Care Assistant
 - What Can I do if I have Problems Getting My PCA Paid?
 - o How to Train Your Personal Care Assistant
 - How Can I Prepare for Emergencies and Disasters?
 - o Respite Services
 - Companion Services
 - o Advocating for Yourself
 - o The Impact of Person Centered Practices for Guardians and Conservators
- ✓ The above listed documents were combined into one document and a two-person consultant team (professional/person with disability team) has been travelling the state of Virginia providing training and technical assistance to CILs to enhance their awareness, knowledge, and use of materials on self direction and person-centeredness.
- ✓ The Resource Team is tracking training conducted by their agencies on increased choice and control to Virginia participants; training has been conducted through workshops, conferences, webinars and other training and technical assistance events on self direction and person centered practices.

- ✓ A total of 16 credentialed trainers (available in all regions of the state) who are certified to conduct person centered thinking training are now in place. An additional 8 trainers are in the pipeline to become credentialed over the next year.
- ✓ Consulted with New Hampshire staff who are national experts in person centered strategies for the older adult (senior) population. New Hampshire shared materials with Virginia and has offered to be a resource for future consults.
- ✓ Through a collaborative partnership with VDA and the Partnership for People with Disabilities, Jean Tuller returned to Virginia to conduct person centered practices and options counseling training to 15 AAAs in Virginia.
- ✓ The Partnership for People with Disabilities followed-up Jean's training and provided a more in-depth person centered training to seniors in Summer 2010 (Richmond and Staunton).
- ✓ Jean Tuller convened a workgroup of senior advocates to review materials in the Resource Bank and prepared a report for reviewing and revising materials to make them more appropriate for seniors.
- ✓ PCP principles and language have been added to state policies and regulations that were reviewed this past year. This includes auxiliary grants program and licensure of home care organizations regulations.
- ✓ Developed a person centered individual support plan (ISP) that complements the state assessment tool and person centered thinking training for ID waiver individuals.
- ✓ Researched individual budgeting options. Final report recommendation concluded that Virginia is not ready to implement at this time.
- ✓ Received approval from CMS to make changes to Goal 2 objectives, deleting the emphasis on individual budgeting while maintaining a focus on ensuring self direction within existing waiver options and continuing to examine ways to increase budget authority.
- ❖ In the year ahead, the Team will identify differences and similarities in HCBS Waivers including but not limited to: regulations, policy, administration and operations for the compared waivers and highlight areas of existing person centeredness and consumer direction, as well as potential opportunities to include budget authority.
- ❖ Team will utilize the existing control assessment to develop a framework for strengthening the existing Consumer Directed system in Virginia. Staff is currently working to identify potential stakeholders and national best practices in order to leverage the work of the workgroup.

- The Team will develop a guidance document that identifies the steps and associated costs subsequently recommended through the developed framework. The document will include an incremental project plan and projected costs for the actual development and implementation of the framework.
- Over the next year, Team will review Resource Bank materials and add more materials as appropriate for persons with disabilities and seniors.
- ❖ Finally, the Team will continue person centered and self direction training and technical assistance sessions throughout the Commonwealth.

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Goal 4: Transformation of Information Technology (IT) to Support Systems Change

- ✓ Convened workgroups with relevant stakeholders: CSBs, providers, agency staff, case managers, family members, OMR preauthorization staff, enrollment/waitlist staff.
- ✓ Reviewed current systems and identified inefficiencies in the ID and Day Support Waivers system processes.
- ✓ Performed a gap analysis to determine the need for additional information for monitoring of quality of services.
- ✓ Identified a technical solution (Microsoft CRM Tool) that will be used for both the ID Waiver electronic system and the Critical Incident Management Reporting System (CIMRS).
- ✓ Identified business rules for utilizing the new systems.
- ✓ Major hurdle in the development was authentication. This problem was resolved by contracting with VEAD (Virginia Enterprise Applications Department) to handle.
- ✓ Authentication is scheduled to be completed by October 1, 2010, for both systems.
- ✓ Deployment of the ID Waiver System (known as IDOLS) is as follows:
 - o Phase 1: Migration of existing ID data from current system to new
 - o Phase 2: Provide web access for providers and CSBs to enter pre-authorization, wait-list and enrollment information.
 - o Phase 3: VAMMIS connectivity that will allow transfer of PA info
 - o Phase 4: Create a data bridge with CSB systems
 - o Phase 5: Provide access to individuals to view their own service information
- ✓ Training of CSBs and providers on the ID Waiver System: October/November 2010
- ✓ Anticipated deployment of ID Waiver System (known as IDOLS): November 10, 2010

- ✓ Anticipated deployment of CIMRS: February 14, 2011
- ❖ Over the next year, Team will be implementing various phases for the IDOLS including a plan linking the IDOLS to the Virginia MMIS system (Medicaid), enhancing the systems to allow individuals and family members to view status of waiver, and analyzing data received from the systems to ensure appropriate monitoring of quality of care.